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## CERTIFICATION APPLICATION

DEPARTMENT OF BUSINESS  
DEVELOPMENT  
COURT HOUSE CENTER  
175 N.W. 1ST AVENUE  
28<sup>TH</sup> FLOOR  
MIAMI, FL 33128-2119

**FOR DBD USE ONLY**

Fee Amt. Received: \$ \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Check Date: \_\_\_\_\_  
Received By: \_\_\_\_\_

Certification Status: (Check All Appropriate Categories)

Community Small Business Enterprise (CSBE)	_____
Black Business Enterprise (BBE)	_____
Hispanic Business Enterprise (HBE)	_____
Woman Business Enterprise (WBE)	_____
Disadvantaged Business Enterprise (DBE)	_____
Community Business Enterprise/ Architectural & Engineering (CBE/A&E)	_____

INSTRUCTIONS: Please complete each item. Do not leave any spaces blank. If a question is not applicable to your business, please insert "N/A" in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use the question number to identify any answer continued on an additional sheet. Application must include \$75.00 application fee in check or money order payable to "Board of County Commissioners." A charge of \$21.50 will apply in the event of returned checks. An incomplete application or an application that does not contain this fee amount will be returned.

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**I. FIRM NAME & ADDRESS**

Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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\*Mailing Address (if different):

\_\_\_\_\_

\_\_\_\_\_

2. BUSINESS ESTABLISHED: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

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3. SERVICES PROVIDED[WORK PERFORMED/PRODUCTS SOLD (also identify SIC code(s), if known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. a. GROSS RECEIPTS FOR LAST THREE YEARS:

19 _____	\$ _____
20 _____	\$ _____
20 _____	\$ _____

b. CURRENT NET WORTH OF BUSINESS \_\_\_\_\_

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5. OWNERSHIP: \_\_\_\_\_ % Minority / Disadvantaged \_\_\_\_\_ % Female

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6. NUMBER OF EMPLOYEES: Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_ Permanent \_\_\_\_\_

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7. OFFICE FACILITY (Check One)

☐ Rent/Lease

☐ Own

If rent, provide:

Name of Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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8. CONTROL OF FIRM

Identify those individuals who are responsible for day-to-day management and policy decisions. Check where applicable and provide resumes of each individual.

Name	Ethnicity	Sex	Title	Financial Decisions	Management Decisions	Management Personnel	Technical Personnel	Marketing Decisions	Field Supervisor

9. Names of current members of Board of Directors:

Name	Ethnicity	Period of Service	% of Stock Owned
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

10. Identify all shareholders, owners or partners individually and list the requested information for each.

Name	Race/Ethnicity Group	Sex M/F	No. of Shares	% of Ownership	Total Cost	Date Acquired	Voting%	Personal Net Worth

Are all owners U.S. Citizens?

If no, submit proof of legal residence for non-citizens.

☐ Yes ☐ No

I 1. Identify Company Officers/Key Personnel. Indicate responsibilities and provide resumes for each:

TITLE	Name	Date Elected/ Employed	Sex M/F	Race Ethnicity	Current Salary
President					
Vice President					
Secretary					
Treasurer					
Chief Operating Officer					
Qualifier					

12. If any owner of the application firm has ownership interest in another company, please identify company in which interest is held:

Name	Company Name	Type of Business	% off Ownership

Which of the above firms are certified by Dade County: \_\_\_\_\_

13. If your company is owned in full or in part by another firm, identify that firm and percentage of ownership interest (include Mesbics, Venture Capitalists and other similar investors).

Firm Name	Address	% of Ownership	Contact Person	Telephone

14. Identify any owner or management official of this firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this company. Such business relationships include: shared space, equipment, financing, or employees; both firms having some of the same owners; or a contractor- subcontractor relationship.

Name	Title	Affiliated Company	% of Stock Owned

15. Identify Banking Institution(s):

Name of Institution	Address	Contact Person	Type of Account

16. Number of signatures required on company checking account: \_\_\_\_\_

Please provide the signatures of all officers/key personnel of the firm and indicate if they are authorized to sign checks.

Signature		Authorized to Sign checks	
		Yes	No
President		<input type="checkbox"/>	<input type="checkbox"/>
Vice President		<input type="checkbox"/>	<input type="checkbox"/>
Secretary		<input type="checkbox"/>	<input type="checkbox"/>
Treasurer		<input type="checkbox"/>	<input type="checkbox"/>
Chief Operating Officer		<input type="checkbox"/>	<input type="checkbox"/>
Qualifier/License Holder		<input type="checkbox"/>	<input type="checkbox"/>

17. If other persons are authorized to sign checks, please indicate:

Name	Title	Signature



23. Has your firm been certified/pending as a Small, Minority, or Disadvantaged Business Enterprise by any agency or institution during the past 15 months? ☐ Yes ☐ no If yes, identify and provide copies of the certificates.

Agency	Telephone No.	Contact Person	Expiration
_____	(     ) _____	_____	_____
_____	(     ) _____	_____	_____
_____	(     ) _____	_____	_____
_____	(     ) _____	_____	_____
_____	(     ) _____	_____	_____

24. a. Is your firm authorized to do business in the State of Florida as well as Metropolitan Dade County, and does your firm have all required business licenses?

☐ Yes ☐ No If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Is your firm authorized to do business in Dade County?

☐ Yes ☐ No

25. Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?

☐ Yes ☐ No

If yes, identify owner, qualifier, or management official employed; their employer; job title/work performed; salary/compensation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. List three (3) projects/contracts/proposals completed by your business during the past 15 months.

Project	Amount	Completion Date	Name of Client & Contact Person	Telephone Number
_____	_____	/     /	_____	(     ) _____
_____	_____	/     /	_____	(     ) _____
_____	_____	/     /	_____	(     ) _____

28. Have there been any changes in the services provided/work performed by your company during the past 15 months?

☐ Yes ☐ No If yes, explain fully.

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29. Are any owners of the business employed or have ever been employed by Miami-Dade County?

☐ Yes ☐ No

If the answer to the above questions is yes, complete the information below.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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30. BUSINESS STRUCTURE (Check one)

☐ CORPORATION

Date/State of Incorporation \_\_\_\_\_ / \_\_\_\_\_

Number of Shares:

	Authorized	Issued
Preferred:	_____	_____
Common:	_____	_____

☐ PARTNERSHIP: Date Established \_\_\_\_\_

☐ SOLE PROPRIETOR: Date Established \_\_\_\_\_

☐ FEDERAL ID NO. \_\_\_\_\_

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## Supporting Documents

Submit copies of the following documents (and any amendment(s) thereto) along with the attached affidavit. All copies must be legible and be true and complete copies of the originals. Failure to submit the required supporting documents with the affidavit or the \$75.00 certification fee shall result in the return of the certification application.

### 1. ALL APPLICANTS

1. Copies of Corporate Federal Tax Returns including all schedules for the previous three (3) years (for sole proprietorships: individual tax returns).
  2. Copies of any agreements between owners or between owners and third parties that restrict or change ownership or control of the company.
  3. Copy of any current Dade County and municipality occupational license.
  4. Copies of State or other licenses or professional registrations and Dade County technical certifications (for A/E firms).
  5. Copy of picture I.D. (e.g., driver's license, passport, etc.) of owners(s), managing partner(s), major stockholders, and qualifiers or license holders for construction and other professional firms.
  6. Copy of resume(s) of all stockholders, partners, owners, qualifiers, and other key staff members.
  7. Copy of purchase or rental agreements for all equipment.
  8. Copy of previous and updated lease/sublease agreement or purchase agreement for office space.
  9. Copy of blank company check.
  10. Copy of proof of capital invested for startup capital and/or acquired percentage of ownership.
  11. Copy of birth certificate, passport, or naturalization papers for owners, managing partners, all stockholders, qualifiers, and license holders.
  12. Copies of utility bills, i.e. telephone, water and electric.
  13. Copy of loan agreement(s) for money borrowed during the past 12 months.
  14. Bank Resolutions for account(s) established during the past 12 months (for Sole Proprietorship, signature cards).
  15. If SBA 8(a) approved, submit approval letter.
  16. Listing of major equipment acquired during the past 12 months.
  17. Application fee of \$75.00 in check or money order payable to the "Board of County Commissioners"
  18. Completed CBE/CSBE Personal Net Worth Affidavit (for CBE and/or CBSE certification.)
  19. Completed "State of Florida Disadvantaged Business Enterprise Program Personal Statement of Net Worth" form along with copies of owner(s) individual tax returns for the last 2 years (for DBE certification.)
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### 11. CORPORATIONS

1. Copy of Articles of Incorporation.
2. Copy of minutes of first corporate meeting.
3. Copy of bylaws (if bylaws not available, please provide an affidavit).
4. Copy of specimen stock certificate, those issued and the next two unissued stock certificate(s).
5. Copy of stock ledger sheets verifying issued stocks.

### 111. CORPORATIONS

General contractors and contractors in specific construction trade categories must submit copies of the following licenses:

1. State of Florida Contractors license with the company name and current address.
2. Dade County Certificate of Competency with company name and current address.
3. Letter or certificate from bonding companies stating applicant's current bonding capacity (if bonded).
4. Completed CSBE Applicant Supplemental form (if applying for small business enterprise certification).

## IV. LOCAL BUSINESS IN DADE COUNTY

1. For County employees, attach copy of legal opinion from the County Attorney's Office regarding conflict of interest relative to contractual agreements with Dade County.
2. Register as a vendor with Dade County Procurement Management (305) 375-5773.

**COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)  
WOMEN BUSINESS ENTERPRISE (WBE)  
HISPANIC BUSINESS ENTERPRISE (HBE)  
BLACK BUSINESS ENTERPRISE (BBE)**

**WILLFUL PROVISIONS OF INCORRECT INFORMATION**

**PART I**

If at any time the Dade County Department of Business Development (DBD) has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, DBD may refer the matter to the State Attorney's Office and/or other investigative agencies. DBD may initiate debarment or other sanctions in accordance with Ordinances and Administrative Orders which implement these programs. Further DBD may initiate debarment procedures and/or pursue other legal remedies in accordance with County policy and/or applicable federal, state and local laws.

**PART 11**

**DISADVANTAGE BUSINESS ENTERPRISE (DBE)  
WILLFUL PROVISIONS OR INCORRECT INFORMATION**

If at any time the U.S. Department of Transportation (U.S.D.O.T) or DBD have reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the (U.S.D.O.T) or DBD may refer the matter to the General Counsel of the U.S. Department of Transportation, DBD general Counsel and/or other investigative agencies. (U.S.D.O.T) General Counsel may initiate debarment or other sanctions in accordance with applicable federal regulations and/or refer the matter to the Department of Justice as the General Counsel deems appropriate. Further, DBD and/or other State and local agencies may initiate debarment procedures and/or pursue other legal remedies in accordance with County Policy and/or applicable federal, state and local laws.

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of this firm as well as the ownership thereof. Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on projects, the payment therefore and any proposed changes, if any, of the misrepresenting will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.

Note: If after filing this application there are any changes in the information submitted, the undersigned agrees to immediately inform the Department of Business Development (DBD) of such changes in writing.

Executed by: \_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed Name of Affiant

Sworn Before me  
This \_\_\_\_\_ Day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title

**Mail to:  
Certification Unit  
Dade County Department of Business Development  
Court House Center  
175 N.W. 1<sup>st</sup> Street  
28<sup>th</sup> Floor  
Miami, FL 33128-2119**

\* Applicant must include nonrefundable \$75.00 application fee in check or money order payable to "Board of County Commissioners"



## **Personal Net Worth Affidavit**

Please provide net worth information for each owner by completing the appropriate sections as requested below in order for this Department to determine whether your firm is eligible for participation in the Community Small Business Enterprise (CSBE) and/or Community Business Enterprise/Architecture & Engineer (CBE/A&E) programs. (Personal Net Worth is Total Assets minus Total Liabilities).

After completing the form, please sign, have notarized and return to the Department of Business Development, Certification Unit at 175 N.W. 1st Avenue, 28<sup>th</sup> Floor, Miami, Florida 33128. Please contact the Certification Division at (305) 349-5960 should you have any questions.

Firm name: \_\_\_\_\_

Section I	Section 2	Section 3	Section 4
<u>Owner's Name</u>	<u>Ownership %</u>	<u>Qualifier</u>	<u>Personal Net Worth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **AFFIDAVIT**

I swear that the forgoing statements are true and correct and include all the information necessary to determine Personal Net Worth (PNW) of the firm.

Further, I understand that the Department of Business Development reserves the right to conduct investigations and request additional information necessary to verify the statements and information provided.

Signature: of Affiant: \_\_\_\_\_

Printed Name of Affiant: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003

Notary Public: \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

MIAMI-DADE COUNTY  
DEPARTMENT OF BUSINESS DEVELOPMENT  
Certification Unit

CSBE APPLICATION SUPPLEMENT

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF WORK:

☐ General Construction

☐ HVAC

☐ Heavy/Engineering Construction

☐ Electrical

☐ Plumbing

☐ Other \_\_\_\_\_

*(Please Specify)*

A. EXPERIENCE

1. List the categories of work that your organization normally performs with its own forces.

2. Claims and lawsuits (if the answer to any of the questions below is "yes", please attach details.)

a. Has your organization ever failed to complete any work awarded to it?

☐ Yes    ☐ No

b. Are there any judgments, claims, arbitration, proceedings or lawsuits pending or outstanding against your organization or its officers?

☐ Yes    ☐ No

c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?

☐ Yes    ☐ No

3. Within the last five (5) years, has any officer or principal of another organization ever been an officer or principal of another organization when it failed to complete a construction contract? (if "yes" please attach details.)

☐ Yes    ☐ No

4. On a separate sheet, list major construction projects your organization has in progress, giving the name of project owner, architect, contract amount, percent complete and scheduled completion date.
  - a. State total worth of work in progress and under contract.
5. On a separate sheet, list the major construction projects your organization has completed in the past five (5) years.
  - a. State average annual amount of construction work performed during the past five (5) years.
6. On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

B. REFERENCES

1. Trade References:

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2. Bank References:

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3. Surety:

a. Name of bonding company (if bonded):

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b. Name and address of bonding agent:

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C. FINANCING

1. Attach a financial statement including your organization's latest balance sheet and income showing the following items:
  - a. Current Assets (e.g. cash, joint venture accounts, accounts receivables, accrued income, deposits, materials inventory, and prepaid expenses)

- b. Net Fixed Assets
- c. Other Assets
- d. Current Liabilities (e.g. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes)
- e. Other Liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus, and retained earnings)

- 1. Name & address of firm preparing attached financial statement, and date thereof
- ii. Is attached financial statement for the identical organization named on page one?

☐ Yes      ☐ No

- iii. If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent-subsidiary)

- 2. Will the organization whose financial statement is attached act as a guarantor of the contract for construction?

☐ Yes      ☐ No

#### D. SIGNATURE

- 1. Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Name of organization: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

- 2. I, \_\_\_\_\_, being duly sworn deposes that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FLORIDA DEPARTMENT OF TRANSPORTATION  
DISADVANTAGED BUSINESS ENTERPRISE  
ADDENDUM TO CERTIFICATION APPLICATION**

Complete this form for (1) each socially disadvantaged proprietor, (2) each socially disadvantaged limited and general partner whose combined interest totals 51 % or more, or (3) each socially disadvantaged stockholder making up 51 % or more of voting stock [if the manager of the company is a socially disadvantaged individual separate and apart from the owner; this individual must complete a copy of this form.]

Any false or misleading statements contained in this social disadvantage statement may result in denial or revocation of certification and may subject the firm and its owners to the penalties of perjury and/or prosecution for fraud under Federal and State law.

Name:	Residence Phone (     )
Residence Address:	Business Phone (     )
City, State & Zip Code	
Firm Name:	
Firm Address:	
City, State & Zip Code	
<b>DETERMINATION OF SOCIAL DISADVANTAGE</b>	
<p>"In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for DBE status shall take into account whether the owner has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group."</p>	
<p>I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply) (This statement is valid only when signed by the individual claiming social disadvantage and such signature is notarized)</p> <p>_____ race      _____ ethnicity      _____ gender      _____ other ( Please explain on separate sheet)</p>	
Signature:	Owner/Title:

State of Florida  
Disadvantaged Business Enterprise Program  
Personal Statement of Net Worth

\_\_\_\_\_  
 Your Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
 Permanent Residence Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Disadvantaged Business Enterprise Firm \_\_\_\_\_  
 Percent of Ownership \_\_\_\_% Position or Office Held in Firm \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 \_\_\_\_\_

**FILL IN SECTIONS 1 THROUGH 13 BEFORE COMPLETING THE SUMMARY ON THE OTHER SIDE OF THIS PAGE. BE SURE TO SIGN AND HAVE NOTARIZED BELOW. THIS STATEMENT WILL BE RETURNED IF NOT FULLY COMPLETED.**

**AFFIDAVIT AND AUTHORIZATION**

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THIS PERSONAL STATEMENT OF NET WORTH REFLECTS A TRUE AND CORRECT REPRESENTATION OF THE SIGNED OWNER'S NET WORTH.

THIS STATEMENT IS CONSIDERED TO MEET THE DEPARTMENT'S REVIEW UNDER CERTIFICATION RULES AND GUIDELINES FOR THE DISADVANTAGED BUSINESS ENTERPRISE PROGRAM AND BECOMES A REQUIRED PART OF THE APPLICATION AS PER FEDERAL RULE 49CFR PART 26.

PERSONAL DOCUMENTS USED IN THE SUPPORT AND CALCULATION OF THE NET WORTH OF THE OWNER ARE TO BE MAINTAINED ON FILE BY THE OWNER AND MUST BE MADE AVAILABLE IN WHOLE OR PART AS DEEMED NECESSARY BY THE DEPARTMENT. IF A CPA OR OTHER THIRD PARTY COMPILES THE REPORT, THE UNDERSIGNED ATTESTS TO HAVING REVIEWED THE COMPLETE REPORT AND THAT IT REFLECTS THEIR CORRECT NET WORTH TO THE BEST OF THEIR KNOWLEDGE.

ANY MATERIAL MISREPRESENTATIONS WILL BE GROUNDS FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

STATE OF \_\_\_\_\_ OWNER'S PRINTED NAME \_\_\_\_\_

COUNTY OF \_\_\_\_\_ OWNER'S SIGNATURE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_ ~ BY

\_\_\_\_\_  
 (Name of Affiant). HE/SHE IS PERSONALLY KNOWN TO ME

OR HAS PRODUCED \_\_\_\_\_ (Type of identification) as identification.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
 Notary's Printed Name Date Commission Expires:

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
STATE OF FLORIDA  
DBE OWNER'S NET WORTH STATEMENT SUMMARY  
AS OF END OF (MONTH) \_\_\_\_\_ (YEAR) \_\_\_\_\_

ASSETS	Dollar Value of
Assets and Liabilities	
1. Cash (Insert Total from Section 1)	_____
2. IRA and other Retirement Accounts ( Insert Total from Section 2)	_____
3. Life Insurance (Insert Total from Section 3)	_____
4 Stock and Bonds, Other Securities (Insert Total from Section 4)	_____
5. Investment Value of Affiliate Company (s) (Insert Total from Section 5)	_____
6. Real Estate (Insert Total from Section 6)	_____
7. Personal Vehicles (Insert Total from Section 7)	_____
8. Other Personal Property (Insert Total from Section 8)	_____
9. Other Assets (Insert Total from Section 9)	_____
TOTAL ASSETS	_____
<hr/>	
LIABILITIES	
10 . Accounts Payable (Insert Total from Section 10)	_____
11. Notes Payable (Insert Total from Section 11)	_____
12. Notes on Personal Vehicles (Insert Total from Section 7)	_____
13. Loan on Life Insurance (Insert Total from Section 3)	_____
15. Mortgages on Real Estate ( Insert Total from Section 6)	_____
16. Unpaid Taxes (Insert Total from Section 12)	_____
17. Other Liabilities (Insert Total from Section 13)	_____
TOTAL LIABILITIES	_____
<hr/>	
NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	_____

PLEASE FORWARD YOUR LAST TWO FEDERAL PERSONAL INCOME TAX RETURNS WITH THIS APPLICATION. SUBSEQUENT FILINGS WILL REQUIRE THAT YOU PROVIDE ONLY THE MOST CURRENT PRIOR FEDERAL TAX FILE AVAILABLE AT THE TIME OF APPLICATION. NO OTHER PERSONAL DOCUMENTS OTHER THAN THE FEDERAL INCOME TAX RETURNS ARE TO BE SUBMITTED WITH THIS STATEMENT AT THIS TIME. YOU WILL BE NOTIFIED IF ADDITIONAL INFORMATION IS NEEDED.

### **DIRECTIONS FOR COMPLETION OF DBE OWNER'S NET WORTH STATEMENT**

COMPLETE THE FOLLOWING SECTIONS AND TRANSFER THE TOTALS OF EACH CATEGORY TO THE NET WORTH SUMMARY PAGE. FOR ANY CATEGORY THAT YOU DO NOT HAVE OWNERSHIP OF ASSETS OR LIABILITIES INDICATE "NOT APPLICABLE" AND ENTER ZERO ON THE SUMMARY PAGE. IF A SECTION DOES NOT ALLOW ENOUGH SPACE ENTER ADDITIONAL INFORMATION ON A SUPPLEMENTAL SHEET AND REFERENCE THE SECTION NUMBER. TOTAL ALL ITEMS AND ENTER IN THE ORIGINAL SECTION TOTAL UNDER THE APPROPRIATE CATEGORY.

IF ASSETS OR LIABILITIES ARE JOINTLY HELD, INDICATE THE PERCENTAGE OF YOUR OWNERSHIP OF EACH APPLICABLE ITEM. INDICATE ONLY THE DOLLAR AMOUNT OF YOUR PORTION OF THE ASSET OR LIABILITY

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#### SECTION 1. CASH

This is the total of your cash on hand which includes funds deposited in financial institutions, both U.S and Foreign. This includes, but is not limited to savings, checking, certificate of deposits, money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP%	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL CASH (Transfer to line 1 of summary page)

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**SECTION 2. IRA (INDIVIDUAL RETIREMENT ACCOUNT) AND OTHER RETIREMENT ACCOUNTS**

This is any fund you have in an IRA, or have in an employer program such as a 401(k) type plan or retirement plan. This includes the individual's contributions and employer's vested contribution portion.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE
_____	_____
_____	_____
_____	_____
TOTAL IRA AND RETIREMENT (Transfer to line 2 of summary)	_____

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**SECTION 3. LIFE INSURANCE**

List the cash surrender value of any life insurance policies you own. Also indicate any loan outstanding on the policies.

COMPANY NAME AMOUNT	CASH VALUE	LOAN
_____	_____	_____
_____	_____	_____
TOTAL CASH VALUE (Transfer to line 3 of summary page)	_____	_____
TOTAL LOAN OUTSTANDING (Transfer total to line 13 of summary page)	_____	_____

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**SECTION 4. STOCKS, BONDS, AND OTHER SECURITIES**

List the amount of funds invested in stocks, bonds, securities, or any other investments not covered in previous sections. These are not part of the 401(k) and retirement plans under section 2.

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL STOCK, BONDS AND SECURITIES Transfer to line 4 of the summary page	_____	_____

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**SECTION 5. INVESTMENT VALUE OF AFFILIATE COMPANIES**

An affiliate company is that as defined in the application for certification as a Disadvantaged Business Enterprise Firm. Indicate the name of the firm and the owner's portion of the current market equity in the firm. You should use the most recent financial statement of the affiliate and the purchased number of shares you own to determine the equity worth of your investment.

NAME OF AFFILIATE COMPANY

CURRENT VALUE OF  
YOUR OWNERSHIP

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TOTAL VALUE OF OWNERSHIP (Transfer to line 5 of summary)

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**SECTION 6. REAL ESTATE**

List all residential and business property that is **not your primary residence**. Any other property that is owned by you is to be listed at **current market value**. These properties include, but are not limited to rental homes, condos, beach homes, second homes for investments. This also includes personally owned property leased or rented for business purposes. Farm properties or any other income producing land personally is to be included. Include first and second mortgages on properties listed.

MORTGAGEE

TYPE USE

OWNERSHIP  
%PROPERTY  
VALUEMORTGAGE  
BALANCE

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TOTAL REAL ESTATE PROPERTY VALUE

Transfer total to line 6 of summary page.

TOTAL MORTGAGE BALANCE ON REAL ESTATE

Transfer total to line 15 of summary page.

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List the personal vehicles owned and define the current value. Boats, recreational vehicles, and other licensed vehicles are to be listed. If you personally own vehicles that are leased or rented to a business they are to be identified also.

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Enter total of personal items such as household goods, computers, electronic equipment, jewelry, antiques and collections, etc. You must retain your compilation, but you may provide only the total below. Enter the dollar value calculated on your percentage of ownership only. For example, if the total value is \$ 1 00,000 of all your other Personal Property, and your interest is one-half of that, and the other half belongs to someone else, you would list \$50,000 on the Total line.

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List the market value of **your portion** of any other assets you may own that does not fit in the above classifications.

**SECTION 10. ACCOUNTS PAYABLE**

List the amounts you owe on credit cards, store accounts, and other accounts payable that reflect your liability for payment. This does not include any obligations you documented in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
TOTAL ACCOUNTS PAYABLE (Transfer balance to line 10 of the summary page)			

**SECTION 11. NOTES PAYABLE**

Enter your share of any personal loans that were not entered in other sections that are vehicle loans or first and second home mortgage loans. Enter personal debt obligated by your signature. Shareholder corporate loans must be in a written agreement with a defined interest and repayment schedule.

DESCRIPTION OF LOAN	AMOUNT
TOTAL OF NOTES PAYABLE (Transfer total to line 11 of the summary page)	

**SECTION 12. UNPAID TAXES**

List any obligation for your portion of unpaid taxes such as Federal, State, or County property assessments.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
TOTAL UNPAID TAXES (Transfer total to line 16 of the summary page)			

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**SECTION 13 OTHER LIABILITIES**

List your share of any other liabilities other than those entered in previous sections.

DESCRIPTION	AMOUNT
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
TOTAL OTHER LIABILITIES (Transfer to line 17 on summary page)	

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- A. Has the owner transferred any assets to the spouse or another individual, or established trust accounts within the past two years? Yes ☐ No ☐

If yes, provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.